

RIVER HILLS WEST HEALTHCARE CTR
321 RIVERSIDE DR

PEWAUKEE 53072 Phone:(262) 691-2300
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/04): 175
Total Licensed Bed Capacity (12/31/04): 175
Number of Residents on 12/31/04: 167

Ownership:
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 168

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		29.3
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		46.7
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	11.4	More Than 4 Years		24.0
Day Services	No	Mental Illness (Org./Psy)	22.8	65 - 74	13.8			-----
Respite Care	No	Mental Illness (Other)	4.2	75 - 84	32.3			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.6	85 - 94	33.5	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.2	95 & Over	9.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	1.8		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	14.4	65 & Over	88.6	-----		
Transportation	No	Cerebrovascular	3.0		-----	RNs		8.5
Referral Service	No	Diabetes	1.2	Gender	%	LPNs		10.7
Other Services	Yes	Respiratory	12.0	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	38.9	Male	29.3	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	70.7			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	2	1.7	141	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.2
Skilled Care	13	100.0	206	109	92.4	120	20	100.0	120	14	100.0	168	0	0.0	0	2	100.0	424	158	94.6
Intermediate	---	---	---	7	5.9	99	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7	4.2
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	13	100.0		118	100.0		20	100.0		14	100.0		0	0.0		2	100.0		167	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	8.2	Bathing	6.0	71.3	22.8	167
Private Home/With Home Health	2.5	Dressing	11.4	64.7	24.0	167
Other Nursing Homes	8.2	Transferring	37.1	47.3	15.6	167
Acute Care Hospitals	77.9	Toilet Use	26.9	52.7	20.4	167
Psych. Hosp.-MR/DD Facilities	0.0	Eating	61.1	25.7	13.2	167
Rehabilitation Hospitals	0.0	*****				
Other Locations	3.3	Continence		%	Special Treatments	%
Total Number of Admissions	122	Indwelling Or External Catheter	6.0		Receiving Respiratory Care	9.6
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	49.1		Receiving Tracheostomy Care	0.6
Private Home/No Home Health	10.9	Occ/Freq. Incontinent of Bowel	44.3		Receiving Suctioning	0.6
Private Home/With Home Health	16.4				Receiving Ostomy Care	1.8
Other Nursing Homes	4.7	Mobility			Receiving Tube Feeding	1.2
Acute Care Hospitals	18.8	Physically Restrained	3.0		Receiving Mechanically Altered Diets	36.5
Psych. Hosp.-MR/DD Facilities	0.0				Other Resident Characteristics	
Rehabilitation Hospitals	0.0	Skin Care			Have Advance Directives	100.0
Other Locations	7.0	With Pressure Sores	3.6		Medications	
Deaths	42.2	With Rashes	1.8		Receiving Psychoactive Drugs	38.3
Total Number of Discharges (Including Deaths)	128					

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96.0	86.4	1.11	86.5	1.11	87.3	1.10	88.8	1.08
Current Residents from In-County	74.3	85.0	0.87	87.0	0.85	85.8	0.86	77.4	0.96
Admissions from In-County, Still Residing	32.8	18.1	1.82	18.9	1.73	20.1	1.63	19.4	1.69
Admissions/Average Daily Census	72.6	199.9	0.36	188.2	0.39	173.5	0.42	146.5	0.50
Discharges/Average Daily Census	76.2	201.1	0.38	190.4	0.40	174.4	0.44	148.0	0.51
Discharges To Private Residence/Average Daily Census	20.8	83.1	0.25	77.5	0.27	70.3	0.30	66.9	0.31
Residents Receiving Skilled Care	95.8	95.8	1.00	95.9	1.00	95.8	1.00	89.9	1.07
Residents Aged 65 and Older	88.6	84.4	1.05	90.5	0.98	90.7	0.98	87.9	1.01
Title 19 (Medicaid) Funded Residents	70.7	61.2	1.15	56.3	1.26	56.7	1.25	66.1	1.07
Private Pay Funded Residents	8.4	13.7	0.61	22.2	0.38	23.3	0.36	20.6	0.41
Developmentally Disabled Residents	0.0	1.2	0.00	1.1	0.00	0.9	0.00	6.0	0.00
Mentally Ill Residents	26.9	30.0	0.90	29.0	0.93	32.5	0.83	33.6	0.80
General Medical Service Residents	38.9	23.2	1.68	25.4	1.53	24.0	1.62	21.1	1.85
Impaired ADL (Mean)	45.5	52.9	0.86	52.6	0.86	51.7	0.88	49.4	0.92
Psychological Problems	38.3	51.7	0.74	55.4	0.69	56.2	0.68	57.7	0.66
Nursing Care Required (Mean)	7.0	8.4	0.83	7.7	0.91	7.7	0.90	7.4	0.94